

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MS. MARIA D. NICKNAME LAST SUFFIX "Mayela" MEJIA		OFFICE USE ONLY Date Received 2011 JUL 11 CITY CLERK DEPT. Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11355 LAKE DZARKS EL PASO, TX. 79936		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 274-8938		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr ALFONSO NICKNAME LAST SUFFIX "Al" VELARDE		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8501 Edgemere EL PASO, TX 79925		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 253-2178		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month: Day: Year: THROUGH Month: Day: Year: 6 / 3 / 11 6 / 15 / 11		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 6 / 11 / 11		
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) CITY Representative Dist #5	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box; Apt / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

CITY CLERK DEPT.
2011 JUL 14 AM 9:28

☐ additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 16,669.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 17,193.46

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

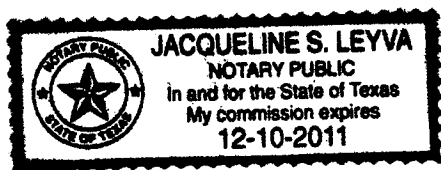
\$ 3.21

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maria D. Mejia, this the 14th day of July, 20 11, to certify which, witness my hand and seal of office.

Jacqueline S. Leyva

Signature of officer administering oath

Jacqueline S. Leyva Notary

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4

2 FILER NAME

MARIA "MAYELA" MEJIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/3/11

5 Full name of contributor

☐ out-of-state PAC (ID#)

CremeX P.A.C.

6 Contributor address; City; State; Zip Code

920 memorial city way
Houston TX. 770247 Amount of
contribution (\$)

\$ 750.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/3/11

Full name of contributor

☐ out-of-state PAC (ID#)

Louis Rosenbaum

Contributor address; City; State; Zip Code

318 Rim Rd
El Paso TX. 79912Amount of
contribution (\$)

\$ 25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/3/11

Full name of contributor

☐ out-of-state PAC (ID#)

David & Jerry L. Marcus

Contributor address; City; State; Zip Code

442 Crown Point
El Paso TX. 79912Amount of
contribution (\$)

\$ 144.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/3/11

Full name of contributor

☐ out-of-state PAC (ID#)

Roberto Azar

Contributor address; City; State; Zip Code

2330 E. Nevada #1012 88001
El Paso TX. 79901Amount of
contribution (\$)

\$ 300.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/3/11

Full name of contributor

☐ out-of-state PAC (ID#)

Jean R. Joseph Vanderpool

Contributor address; City; State; Zip Code

1514 W. ZARAGOZA
El Paso, TX. 79936Amount of
contribution (\$)

\$ 250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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2011 JUL 4 AM 9:28

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6

2 FILER NAME

MARIA "MAYELA" MEJIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/3/11

5 Full name of contributor

☐ out-of-state PAC (ID#)

Siria Rocha

6 Contributor address; City; State; Zip Code

450 AVO P.O. BOX 851

FABENS, TX. 79838

7 Amount of contribution (\$)

\$50.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/3/11

Full name of contributor

☐ out-of-state PAC (ID#)

Gary Porras

Contributor address; City; State; Zip Code

359 Vinton Rd

Vinton, TX. 79821

Amount of contribution (\$)

\$500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/3/11

Full name of contributor

☐ out-of-state PAC (ID#)

Jose Tong

Contributor address; City; State; Zip Code

2049 Paseo del Rey

OLPASO, TX. 79934

Amount of contribution (\$)

\$500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/3/11

Full name of contributor

☐ out-of-state PAC (ID#)

Sandra & Tito Porras

Contributor address; City; State; Zip Code

4719 FRANKFORT

OLPASO TX. 79903

Amount of contribution (\$)

\$700.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/3/11

Full name of contributor

☐ out-of-state PAC (ID#)

Stanley Jobe

Contributor address; City; State; Zip Code

1150 Southview

OLPASO, TX. 79928

Amount of contribution (\$)

\$500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6

2 FILER NAME

MARIA "MAYELA" MEGIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/3/11

5 Full name of contributor

☐ out-of-state PAC (ID#)

Irene EPPERSON

6 Contributor address; City; State; Zip Code

5400 SILENT SUN LN
EL PASO, TX 799127 Amount of
contribution (\$)

\$ 500.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/3/11

Full name of contributor

☐ out-of-state PAC (ID#)

Linda Barger, Grogan, Blair & Sampson

Contributor address; City; State; Zip Code

P.O. Box 17428
Austin, TX 78760Amount of
contribution (\$)

\$ 500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/3/11

Full name of contributor

☐ out-of-state PAC (ID#)

Jorge Valenzuela

Contributor address; City; State; Zip Code

233 Pennsylvania
El Paso, TX 79903Amount of
contribution (\$)

\$ 750.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/3/11

Full name of contributor

☐ out-of-state PAC (ID#)

Maria Teran

Contributor address; City; State; Zip Code

4804 Villa Encanto
El Paso, TX 79922Amount of
contribution (\$)

\$ 500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/3/11

Full name of contributor

☐ out-of-state PAC (ID#)

J.O. Stewart

Contributor address; City; State; Zip Code

124 W. Castellano #213
El Paso, TX 79912Amount of
contribution (\$)

\$ 250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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JUL 14 AM 9:28

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6

2 FILER NAME

MARIA "MAYELA" MEJIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/7/11

5 Full name of contributor

☐ out-of-state PAC (ID#)

Tanny Berg

6 Contributor address; City; State; Zip Code

P.O. Box 96
EL PASO, TX 799417 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/8/11

Full name of contributor

☐ out-of-state PAC (ID#)

TEX PAC TX. ASSOC of Realtors

Contributor address; City; State; Zip Code

P.O. Box 2246
AUSTIN, TX 78768Amount of
contribution (\$)

\$2,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/10/11

Full name of contributor

☐ out-of-state PAC (ID#)

ENRIQUE ESCOBAR

Contributor address; City; State; Zip Code

301 E Borderland #73
EL PASO, TX 79932Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/16/11

Full name of contributor

☐ out-of-state PAC (ID#)

WOODY & Gayle Hunt

Contributor address; City; State; Zip Code

P.O. Box 12220
EL PASO, TX 79913Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/16/11

Full name of contributor

☐ out-of-state PAC (ID#)

JUAN Uribe

Contributor address; City; State; Zip Code

2001 Westwind #100
EL PASO, TX 79912Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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2011 JUL 14 AM 9:28

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 6

2 FILER NAME

MARIA "MAYELA" MEJIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/16/11

5 Full name of contributor

☐ out-of-state PAC (ID#)

Beatrice & Cecilia Sada

6 Contributor address; City; State; Zip Code

7228 Baker Rd.

EL PASO, TX. 79915

7 Amount of contribution (\$)

\$50.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/16/11

Full name of contributor

☐ out-of-state PAC (ID#)

Chris Malooly

Contributor address; City; State; Zip Code

6017 Pinehurst

EL PASO, TX. 79912

Amount of contribution (\$)

\$50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/16/11

Full name of contributor

☐ out-of-state PAC (ID#)

Raymond & Kathy Palacios

Contributor address; City; State; Zip Code

637 Willow Glen

EL PASO, TX. 79922

Amount of contribution (\$)

\$1,000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/16/11

Full name of contributor

☐ out-of-state PAC (ID#)

Richard Castro

Contributor address; City; State; Zip Code

3332 Wedgewood

EL PASO, TX. 79935

Amount of contribution (\$)

\$1,000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/16/11

Full name of contributor

☐ out-of-state PAC (ID#)

Speaking For Your Destiny

Contributor address; City; State; Zip Code

240 Thunderbird Ste. D

EL PASO, TX. 79912

Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CITY CLERK DEPT.
JUL 14 AM 9:28

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 6

2 FILER NAME

MARIA "MAYELA" MEJIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/16/11

5 Full name of contributor

☐ out-of-state PAC (ID#)

Olivia Alba

6 Contributor address; City; State; Zip Code

10824 POZA RICA
EL PASO TX. 79925

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/16/11

Full name of contributor

☐ out-of-state PAC (ID#)

MEXUS GROUP L.P.

Contributor address; City; State; Zip Code

1012 W. Campbell
EL PASO, TX. 79902

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/16/11

Full name of contributor

☐ out-of-state PAC (ID#)

ENRIQUE MORENO

Contributor address; City; State; Zip Code

701 MAGOFFIN
EL PASO, TX. 79901

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/16/11

Full name of contributor

☐ out-of-state PAC (ID#)

ARMANDO BELTRAN

Contributor address; City; State; Zip Code

2022 MURCHISON STE 100
EL PASO TX. 79902

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/16/11

Full name of contributor

☐ out-of-state PAC (ID#)

ROBERT & ROSE HOY

Contributor address; City; State; Zip Code

201 VILLA SERENA CT.
EL PASO, TX. 79922

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID# _____)8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: ➡ ➡ ➡ ➡ ➡ ➡		\$	
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$)	
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code		18 Amount Guaranteed (\$)
19 Principal Occupation (See Instructions)		20 Employer (See Instructions)	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)	
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

CITY CLERK DEPT.
2011 JUL 14 AM 9:29

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F: 3		2. FILER NAME: MARIA "MARIELA" MEGIA		3. ACCOUNT # (Ethics Commission Filers):	
4. Date: 6/3/11		5. Payee name: TORTAS NICO			
6. Amount (\$): \$38.09		7. Payee address; City; State; Zip Code: 1840 W. Lee Trevino EL PASO, TX. 79936			
8. PURPOSE OF EXPENDITURE:		(a) Category (See categories listed at the top of this schedule): food/beverage expense		(b) Description (If travel outside of Texas, complete Schedule T): lunch for volunteers	
9. Complete ONLY if direct expenditure to benefit C/OH:		Candidate / Officeholder name		Office sought Office held	

Date: 6/6/11		Payee name: LITTLE CAESARS PIZZA			
Amount (\$): \$10.01		Payee address; City; State; Zip Code: 1840 W. Lee Trevino EL PASO TX. 79936			
PURPOSE OF EXPENDITURE:		Category (See categories listed at the top of this schedule): food/beverage expense		Description (If travel outside of Texas, complete Schedule T): Lunch for volunteers	
Complete ONLY if direct expenditure to benefit C/OH:		Candidate / Officeholder name		Office sought Office held	

Date: 6/6/11		Payee name: ZIPPY PRINTING			
Amount (\$): \$204.59		Payee address; City; State; Zip Code: 2855 Pershing EL PASO, TX. 79903			
PURPOSE OF EXPENDITURE:		Category (See categories listed at the top of this schedule): Printing Expense		Description (If travel outside of Texas, complete Schedule T): Push cards.	
Complete ONLY if direct expenditure to benefit C/OH:		Candidate / Officeholder name		Office sought Office held	

Date: 6/8/11		Payee name: Chevron			
Amount (\$): \$83.05		Payee address; City; State; Zip Code: 12400 Montwood EL PASO TX. 79925			
PURPOSE OF EXPENDITURE:		Category (See categories listed at the top of this schedule): Fuel expense		Description (If travel outside of Texas, complete Schedule T): Travel in District.	
Complete ONLY if direct expenditure to benefit C/OH:		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CITY CLERK DEPT
2011 JUL 14 AM 9:29

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3		2 FILER NAME MARIA "MARIELA" Mejia		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/10/11		5 Payee name Refugio Chaurra			
6 Amount (\$) \$150.00		7 Payee address; City; State; Zip Code 500 Robin EL PASO, TX - 79912			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) PUTTING UP SIGN for election DAY	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/13/11		Payee name FINA 7-Eleven			
Amount (\$) \$12.35		Payee address; City; State; Zip Code 2955 George Dieter EL PASO, TX 79936			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fuel expense		Description (If travel outside of Texas, complete Schedule T) in District travel	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/13/11		Payee name The FORMA Group			
Amount (\$) \$16,355		Payee address; City; State; Zip Code 301 E. SAN ANTONIO EL PASO, TX. 79901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting/Advertising expense		Description (If travel outside of Texas, complete Schedule T) Campaign consulting, mail-outs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/14/11		Payee name TEXACO			
Amount (\$) \$59.16		Payee address; City; State; Zip Code EL PASO TX - 79936			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fuel expense		Description (If travel outside of Texas, complete Schedule T) Fuel for campaign vehicle Picking up signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/16/11		5 Payee name Imobile			
6 Amount (\$) \$222.6		7 Payee address; City; State; Zip Code 1875 Lee Trevino EL PASO, TX. 79936			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Phone Expense		(b) Description (If travel outside of Texas, complete Schedule T) Campaign phone for Albi	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/20/11		Payee name Howdy's			
Amount (\$) \$58.60		Payee address; City; State; Zip Code 2100 Yarbrough EL PASO TX. 79925			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fuel Expense		Description (If travel outside of Texas, complete Schedule T) Picking up Campaign signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule H:		2. FILER NAME		3. ACCOUNT # (Ethics Commission Filers)	
4. Date		5. Business name			
6. Amount (\$)		7. Business address; City; State; Zip Code			
8. PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
9. Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date 5 Payee name

6 Amount (\$) 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) (b) Description (See instructions regarding type of information required.)

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.)

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.)

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CREDITS (optional)**SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:**2** FILER NAME**3** ACCOUNT # (Ethics Commission Filers)**4** Date**5** Payor name**8**Amount
(\$)**6** Payor address; City; State; Zip Code**7** Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CITY CLERK DEPT.
2011 JUL 14 AM 9:29

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CITY CLERK DEPT.
2011 JUL 14 AM 9:29

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

MARIA "MAYELA" NEJIA

2 ACCOUNT # (Ethics Commission Filers)
3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


 Signature of Candidate / Officeholder

4. FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

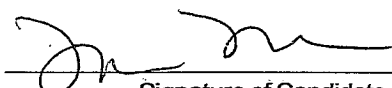
Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


 Signature of Candidate

5 OFFICEHOLDER

** Complete this section only if you are an officeholder **



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder